MISSOURI STATE BOARD OF NURSING NEWSLETTER

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 113,000 to all RNs and LPNs

Volume 12 • No. 3 **August, September, October 2010**

Message from the President

Aubrey F. Moncrief, CRNA

As we are in the middle of summer and looking to fall for relief from the summer heat, the Board of Nursing is also giving a sigh of relief that we are now a full Board with representatives from every area of Nursing. I also want to mention that we are glad to have so many talented new members on the Board. We had to say goodbye to one member who gave the State of Missouri 13 years of service on the Board of Nursing. I will miss Charlotte York, LPN. As the new President of the Board, it will be difficult to follow in Ms. York's footsteps.

Change is good and important to grow in intellect and practice. One of the biggest changes is the Nurse Licensure Compact (NLC), which became effective June 1, 2010. This will be a huge improvement for the nursing shortage, and a benefit for nurses residing in Missouri. You now have the privilege to practice in any of the NLC states.

Another change is the prescriptive authority for APNs. At this writing, the comment period has just ended. The Board of Healing Arts, the Board of Nursing and the Board of Pharmacy will now meet together to confirm the rules and begin the process of implementation of the law. More will be said later on this.

A couple of new videos are out. The first is *Partnering for Safe Care 2010*, which is available on the Board of Nursing web site at http://pr.mo.gov/nursing.asp. Click on the link and the video comes up on YouTube. This is a must-see video. Also available soon is a video titled *The Power of Information: What Every Nurse Should Know*, with information about the Board of Nursing, as well as, the nursing associations. This will be a must-see for all nursing students.

As the new president of the Board, it is my honor to give back to Nursing and to serve the people of Missouri. In the short time I have served on the Board, it is clear that nurses need to be vigilant in their practice and to be protective of their patients.

Be careful out there.

Executive Director Report

Authored by Lori Scheidt, Executive Director

A Tribute to Charlotte York



Charlotte York, LPN, from Sikeston, Missouri, was first appointed to the Board June 20, 1996, and served until replaced on May 3, 2010, the longest serving member of the Board. She was the Vice-President of the Board for many years and was the first LPN Board President.

Charlotte brought to the Board long-term care expertise, exceptional management skills and common sense values. A tremendous amount of progress was made during Charlotte's tenure on the Board. This includes a number of legislative changes (subpoena authority, expedited hearing authority, nurse title protection and retired nurse status), restructuring of board staff, transition from paper-and-pencil testing to computerized adaptive testing, streamlining of investigations, just culture training, hiring the Board's own legal staff, and, most recently, implementation of the Nurse Licensure Compact.

One of the things that stood out about Charlotte was her advocacy for the public and patients; she always acted in the best interests of the public. She is very outspoken and you always know where you stand with her.

I recently asked Charlotte about her tenure on the Board. She said that she has always been involved in some form of caring for people. She believes she really made a difference in the field of nursing in this state. She cares about what happens. She enjoyed her time and gained a tremendous amount of knowledge and treasures the friendships she has developed over the years.

Charlotte's ability to understand financial reporting and to make sound business decisions has made the Board operate efficiently. She has the experience to recognize and approve plans and strategies that moved the Board toward its goals. The value of the Charlotte's time, commitment, and intelligence could not be duplicated at any price.

"Charlotte was on the Board when I started working for the Board over nine years ago. She worked tirelessly on the various committees and toward the implementation of the Nurse Licensure Compact.

"Her sense of humor always made the Board Meetings interesting. We have made many memories over the years–making breakfast at Strategic Planning meeting, eating her famous angel cake (except when I fell on the ice helping her get it out of the car!), and hearing her stories. Charlotte is very kind-hearted and cares deeply about her chosen profession and the safety of the public. We are honored to have her serve the people of Missouri for so many years in this capacity. She will truly be missed."

Becki Hamilton, Executive Assistant, Missouri State Board of Nursing

Presort Standard
US Postage
PAID
Permit #14
Princeton, MN
55371

current resident or

GOVERNOR
The Honorable Jeremiah W. (Jay) Nixon

DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS and PROFESSIONAL REGISTRATION
John M. Huff, Director

DIVISION OF PROFESSIONAL REGISTRATION
Jane A. Rackers, Director

BOARD MEMBERS
Aubrey Moncrief, CRNA
President

Deborah Wagner, RN
Vice President

Robyn Chambers, LPN
Secretary

Adrienne Anderson Fly, JD
Public Member

Irene Coco, LPN
Member

Lisa Green, PhD(c), RN
Member

Roxanne McDaniel, RN, PhD
Member

Rhonda Shimmens, RN, BSN, C
Member

Ann K. Shelton, PhD, RN
Member

EXECUTIVE DIRECTOR
Lori Scheidt, BS

ADDRESS/TELEPHONE NUMBER
Missouri State Board of Nursing
3605 Missouri Boulevard
PO Box 656
Jefferson City, MO 65102-0656
573-751-0681 Main Line
573-751-0075 Fax
Web site: http://pr.mo.gov
E-mail: nursing@pr.mo.gov

"I commend her for her service of being on the Board. I tip my hat to her with great respect."

Irene Coco-Bell, LPN Board Member

"Charlotte's years of experience as a LPN and as a long-term care facility administrator provided the Board with a close and personal view of the practices in this area. She has a unique way of getting right to the subject and filtering through the 'fluff'. She has no tolerance for those who are not telling the truth and will let an individual know that."

Debra Funk, BSN, RN, Practice Administrator, Missouri State Board of Nursing

"In addition to all of her Board of Nursing duties, Charlotte spoke to classes of student nurses regarding licensure, discipline, and her many years of nursing experience. She never failed to delight and inspire the audience with her straightforward and homespun common sense advice.

Executive Director's Report continued on page 2

Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (*MoSALPN*)	573-636-5659
Missouri Nurses Association (*MONA*)	573-636-4623
Missouri League for Nursing (*MLN*)	573-635-5355
Missouri Hospital Association (*MHA*)	573-893-3700

Executive Director's Report continued from page 1

"One of the things that I admire most about Charlotte is that she has an earnest sense of right and wrong and is able to guide the Board members to a suitable outcome."
Ann K. Shelton, PhD, RN, Board Member

"Charlotte was instrumental in helping me become comfortable with the program survey process. Her sense of humor and good common sense really helped to keep me grounded while adjusting to my new duties.
"As board member, and later as president of the Board, Charlotte displayed strong leadership, no-nonsense approach and provided the Board with the rich history of her tenure.
"As a Chair and Member of the Education Committee, Charlotte always made me feel supported and respected for my work.
"Charlotte will be missed."
Bibi Schultz, MSN, RN, Education Administrator, Missouri State Board of Nursing

"When I served on the Board, Charlotte shared her passion of making sure our elderly population was well taken care of. She was committed to be at almost every board meeting and was always prepared in advance on topics and cases we reviewed. Charlotte argued her points, but graciously. It was my great pleasure to have served my entire eight years with her."
Robin Vogt, PhD, RN, FNP-C

"I think you would be hard pressed to find someone who has done more for the nursing profession in the last twenty years. Her hard work, generosity, humor and dedication will be greatly missed. It's difficult to imagine the Missouri State Board of Nursing without Charlotte."
Mikeal Louraine, JD, Senior Legal Counsel, Missouri State Board of Nursing

"I spent over four years as a board member from 1998-2002 and had a marvelous experience much in part due to Charlotte York. Ms. York is a charismatic and powerful presence who could be quite intimidating if not for her grace and "southern charm". I learned so much from Charlotte and admired her contributions to the Board as an LPN and also her residential care expertise. She was an ACTIVE participant on the Board and her generosity of time and talents could never be replicated. As a nurse, I am proud to have her represent me and as a former board member, I am so grateful for her partnership and friendship. I wish her the very best in her retirement from the Board."
Janet Anderson, RN, MBA, Training & Development Manager, Hedrick Medical Center

"Charlotte is a remarkable woman, a delight, and dedicated to quality nursing practice."
Janet Vanderpool, MSN, RN, Dean of Allied Health Sciences, North Central Missouri College

Legislative Update

Advanced Practice Registered Nurses
The bill that allows physical therapists to accept prescriptions for therapy from advanced practice registered nurses passed.

Mandatory Nurse License Verification
The bill that requires a nurse employer to verify the nurse's license before hire and at each license renewal passed.

Mandatory Reporting Rule
The legislators also passed a bill that requires all employers of nurses to report reprimands, discipline or restrictions to the Board of Nursing if the grounds for discipline are also grounds for discipline according to the professional licensing law for that health care professional.

Board Unveils "Partnering for Safe Care" Video

The Missouri State Board of Nursing partnered with the Missouri Center for Patient Safety, whose vision is a *health care environment safe for all patients, in all processes, all the time*, to make a video to help consumers be more comfortable and confident in asking questions and speaking up. Stories about real Missouri patients bring this video to life.

Its main message is that you, as the patient, play a vital role in making the care you receive safe. You must be an active, informed, and vocal member of your health care team. **Speak up if you have questions or concerns about your care. If you don't understand, ask again. You have a right to know!**

See the "Partnering for Safe Care" video link on our web site at http://pr.mo.gov/nursing.asp.

DISCLAIMER CLAUSE

The Nursing Newsletter is published quarterly by the Missouri State Board of Nursing of the Division of Professional Registration of the Department of Insurance, Financial Institutions & Professional Registration. Providers offering educational programs advertised in the Newsletter should be contacted directly and not the Missouri State Board of Nursing.

Advertising is not solicited nor endorsed by the Missouri State Board of Nursing.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. Missouri State Board of Nursing and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Board of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. The Board and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of the Board or those of the national or local associations.

Number of Nurses Currently Licensed in the State of Missouri

As of July 27, 2010

Profession	Number
Licensed Practical Nurse	22,238
Registered Professional Nurse	89,789
Total	**112,027**

Schedule of Board Meeting Dates Through 2011

September 8-10, 2010
December 1-3, 2010
March 2-4, 2011
June 1-3, 2011
September 7-9, 2011
December 7-9, 2011

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at http://pr.mo.gov

Practice Corner

Authored by Debra Funk, RN
Practice Administrator

Missouri State Board of Nursing
Practice Committee Members:
Aubrey Moncrief, RN, CRNA
Deborah Wagner, RN
Rhonda Shimmens, RN-C
Roxanne McDaniel, RN, PhD
Robyn Chambers, LPN

As nurses in the United States, we are accustomed to having the supplies and technology needed to care for patients ranging from those who may have a very basic diagnosis to those with a very complex diagnosis. We also enjoy the ability to attend schools that provide us with the skills necessary to participate in this rewarding career we have as nurses. Now and then we are reminded of what health care and nursing looks like in other parts of the world. The South Dakota Board of Nursing published an article about one of their own nurses who has been serving in Afghanistan. We received permission to reprint this article for you. To all of the nurses out there serving our country and providing care, not only to our service men and women, but to the communities impacted by unrest around the world, Thank You, Thank You, Thank You.

Dakota Nurse: Making a Difference Around the World

Lt. Col. Susan (Turbiville) Bassett, Chief Nurse mentor at Kandahar Regional Military Hospital, Kandahar, Afghanistan gives a clear picture of the antiquated state of nursing seen in this struggling third world nation. Currently employed as an Air Force officer in the Nurse Corps, Lt. Col. Bassett was born and raised in Belle Fourche, South Dakota. She received her BA in Nursing from Augustana College in 1976 and her MS in Nursing from SDSU in 1985. After joining the Air Force in 1991, Lt Col Bassett has been stationed throughout the US and overseas, however nothing ever compared, she says, with her current experiences while forward deployed in Afghanistan.

Why is the U.S. sending troops to teach Afghan nurses?

The answer to this has to do with counterinsurgency warfare/tactics. More specifically, US troops do many forms of mentoring throughout the fledgling Afghan National Army (ANA) so that they can be successful in defending the country and its legitimate, democratically-elected central government. If the ANA fails the government is in serious danger of a coup, failure and extension of Taliban insurgency influence.

A small piece of the overall ANA plan is to help them stand up a military medical service–patterned after our own. The Afghan nurses and doctors are all officers in the ANA. They treat ANA soldiers and their families, Afghan National Police (since they have a less developed system but are targeted by the Taliban fighters the same as the soldiers) and Afghan civilians, on a humanitarian basis only.



The ANA successful "firsts" are heart-warming. ANA Medivac missions are critical and each one wins the hearts and minds of many soldiers and countrymen.

Who do you work with?

My assignment is to mentor (advise) the ANA Chief Nurse and oversee the care that 30 ANA nurses/officers deliver within the 50-bed Kandahar Regional Military Hospital. The 30 nurses are all men; however there are a few female nurses within the ANA Nurse Corps at large. As the only nurse on our mentoring team, this is keeping me very, very busy.

How is nursing care delivered?

Due to security issues in southern Afghanistan, we cannot travel outside our base to observe Afghan culture or do humanitarian missions. Statistics show, however, 155 babies die for every 1,000 live births (US rate is 6.9:1,000); there is a 1 in 8 lifetime risk of maternal death (compared to 1:4,800 in US). Hygiene is very poor, with 70 percent of people residing in rural regions lacking safe drinking water. Homes in Kandahar City have approximately two hours of electricity per day–and with summer temperatures soaring to 130 ºF, life really becomes difficult.

Within the ANA hospital, built by the Army Corps of Engineers and opened in January 2008, the Afghan military nurses deliver care which I would say is comparable to the 1950's in the US. They use a functional style of care, i.e. one procedure nurse, one dressing (wound care) nurse, one transport nurse. Housekeepers clean patients and linens as well as floors and bathrooms.

Medications (PO/IM/IV) are all delivered to the patient's bedside twice per week after the doctors make their rounds and write orders. Most patients are illiterate (even the soldiers) so slashes are written on the back of packages to tell the patient how many times each day to take their medication. Nurses make rounds several times per day to reconstitute and inject (IV Push) any IV medications which were ordered.

Nurses are eager to learn to use the new machines and technology we give them but basic understanding of human physiology and assessment of patient condition is mostly left to the doctors. Documentation is nearly absent; a simple Medication Administration Record (MAR) has

Practice Corner continued on page 4

Practice Corner continued from page 3

recently been instituted, but the day shift Procedure Nurse signs off all the medications given to each patient over the past 24 hours. Many of the nurses, while literate, have not chosen to read/write since their school days.

On the other hand, the patient care need is massive. Our small (50-bed) hospital sees 2-3 MASCALs per week with polytrauma injuries from gunshot wounds, rocket-propelled grenade attacks, Improvised Explosive Device blasts and suicide bombings. Many multiple fractures, burns, massive internal damage and amputations result. Lt Col Bassett writes, "I originally thought I had a small-town type hospital to oversee, until I looked around one day and saw 9 recent amputees and 4 patients with chest tubes."



Responding to either a MASCAL or Code, when no one speaks your language or has much of an idea what you want them to do first, is challenging on the best of days!

What is the nurse training like?

Young Afghan students are tested when they graduate from high school. If they score very high they are eligible to attend medical school. Those scoring not as high are eligible for engineering, pharmacy, or similar type colleges. Those scoring lower are shepherded into a general "medical" (really nursing) education. That school, I am told, is 9 months long. It does not include anatomy/physiology or information about diseases--that is for doctors. Likewise, it does not include any hands-on practice in a hospital. Students learn how to do procedures that a doctor may require, e.g. starting IVs, obtaining an EKG, performing wound care etc. They are very, very good at procedures.

Many of the ANA military nurses have been given opportunities for additional training later, usually in Iran, Pakistan or India. However, being a nurse is not something to be proud of in Afghanistan. They will not use a medication cart because they are ashamed to be identified as a nurse (instead of a doctor). Thus, many nurses go on to "higher" training as lab techs, x-ray techs, pharmacy techs, dentists or OR techs.



Teaching is critical. Just to own a pen or folder of papers is important to social status in Afghanistan! And yes, I shamelessly bribe my students with treats during class.

How do you teach them U.S. techniques and ways when they have different procedures/resources?

As one always should, I started by getting to know the nurses and their abilities and trying to understand the care they have been providing (quite proudly) for hundreds of years. Then, I chipped away at the procedures that truly may endanger the patients' health, or at the very least not be helpful. An example would be when I arrived here I found NO documentation except for the doctor's orders. The nurses couldn't understand why they should write anything more when it was obvious that the doctor had written it once already and that was what the nurse gave. I am happy to relate that I have convinced the nurses to document vital signs for the doctor's review and they are currently becoming proficient with Intake & Output records.

But that example also brings to light an ethical dilemma. Who says they have to do things in a US manner or use US techniques? There are many ethical questions like this to be considered as a mentor.

What is your relationship with the nurses like?

My relationship with the 30 nurses at this hospital is quite unique and special. Being a female adds to the uniqueness (all male nurses, only two female "servants" in the hospital). But honestly, being over 50 years old and still active–"without a cane" (when their average lifespan is 44 years) is awe-inspiring to them. They bring me chai tea about 4 times a day and insist I rest frequently. However, when we have mass casualties, and we have small MASCALS every 3-4 days with nearly 90 episodes of polytrauma patients so far this year, we all just become nurses working together, doing whatever it is we have to do to save lives.

What are some success stories you have?

I am proud that the nurses now consistently check vital signs on emergent patients in the ER. I am also proud that they see the need to write down how much Morphine they give and when. I am pleased that housekeepers have recently started putting SOAP into the floor scrubber. I am ecstatic that nurses and patients alike have learned how to brush their teeth (yes, I literally had to do demonstrations). I feel good that patients with amputations are now allowed to get into wheelchairs and interact somewhat normally with other soldiers in the parking lot. And lastly, I am happy that they have had a glimpse of Americans who truly care about them and their overwhelming problems in daily life.



Lastly, this is me with Chief Niaz, my mentee, and one of our interpreters. I truly will never forget the graciousness and kindness I have discovered in these Afghan nurses.

What can be done to enhance professional nursing?

Certainly, major changes must take place in Afghan nursing schools and the primary/secondary education given to aspiring nurses. In much of the country women are beginning to join the ranks of workplace contributors. Changing existent systems is difficult and slow. Social and religious customs strongly influence this part of the world. Additionally, as my Chief Nurse mentee, Captain Niaz, tells me, "If I demand too strongly that my nurses change things, they will meet me on the street and shoot me dead." That is reality here.

At our hospital we have started an ambitious program of 36-modules of basic nursing education. These men's attention to detail is short, so the modules are made of 10-12 slides of mostly pictures and are made to be presented in 20 minutes or less. We cover topics such as "Pulse, what is it and what do fast/slow pulses mean" to bolster basic assessment skills. Other modules address specific equipment such as IV pressure bags or fluid warmers. My favorite modules introduce the Afghan nurses to "new" concepts such as Unit Dose or I&O Flowsheets.

We also bolster the nursing profession with events of honor. I was very fortunate last spring to take 28 ANA nurses to a celebration where we joined with 100 nurses from 10 different Coalition nations to celebrate Nurses Day–the first time these Afghan nurses had ever felt included with the rest of the world's nurses!

Reference: World Health Organization, http://www.who.int/reproductive-health/publications/maternal_mortality_2005/mme_2005.pdf

APRN Controlled Substance Prescriptive Authority Update

As of the writing of this article, the revised APRN and collaborative practice rules have been published in the June 1, 2010, edition of the Missouri Register. Comments are being collected and the boards will respond to these. We are on course for the rulemaking process to be completed by the last quarter of this year. Please keep in mind that there is still a need to replace the database at the Bureau of Narcotics and Dangerous Drugs (BNDD). At this point, until the database is replaced, we will not be able to move forward with granting controlled substance prescriptive authority.

Licensure Corner

Authored by Angie Morice
Licensing Administrator

Missouri State Board of Nursing
Licensure Committee Members:
Deborah Wagner, RN, Chair
Adrienne Fly, JD, Public Member
Lisa Green, PhD(c), RN
Rhonda Shimmens, RN, BSN, C
Roxanne McDaniel, PhD, RN

Endorsing your license from another compact state to Missouri

If you are moving to Missouri from another **compact** state, you will have a 30-day grace period to become licensed in Missouri. You may work in Missouri during those 30 days using your privilege to practice from your current **compact** license. Once you become permanently licensed in Missouri, your previous state of residence will be notified to place your license there on inactive status.

Remember, if you are moving from a **non-compact** state into Missouri, you will still need to apply to the Board and receive a temporary license in Missouri prior to being employed in Missouri.

Licensed Practical Nurse renewals

LPN licenses expired May 31, 2010. If you did not renew your license and you are currently working as a LPN in Missouri, you must stop practicing immediately. You will need to complete the LPN Petition for License Renewal form that is found on our website at http://pr.mo.gov/nursing.asp and complete a criminal history background check. Along with the renewal form and background check, you will need to submit "stop working" statements.

Your **notarized** statement must include the following information:

- How you discovered that your license was not current;
- Date you discovered your license was not current;
- Date you notified your employer that you could not practice nursing;
- Date you ceased nursing practice; and,
- Confirmation that you will not resume employment in a nursing position until your license is renewed.

The statement from your employer must include:

- Date employer received notification that your license was not current;
- Date employer removed you from a nursing position; and,
- Confirmation that you will not be allowed to resume a nursing position until your license is renewed.

The State Board of Nursing no longer issues paper verification to licensees who opt to come to the Board office to renew their licenses. **Renewals in person are NOT quicker.** You may come to the Board office to renew your license, but you will **NOT** receive your license or verification that day. The license will be mailed to you. It can take up five business days to renew a license.

If your current license expires prior to receipt of your new license, you may only continue working if your license status can be verified online as current. Nurses and employers are directed to www.nursys.com to verify multi-state or single-state license status, discipline and expiration date. The actual license you receive will not indicate an expiration date or multi-state or single-state license status. Licensure verification is available free 24/7 at www.nursys.com.

Criminal history background check for renewal of expired or inactive licenses

If your license has expired or has been placed on inactive status, you are required to complete a criminal history background check prior to being reinstated. You must contact L-1 Enrollment Services at 866-522-7067 or www.l1enrollment.com to schedule an appointment and then submit a receipt from L-1 Enrollment Services substantiating proof of fingerprinting with your application. You will need to provide L-1 Enrollment Services with the Missouri ORI number MO920100Z. You will pay a fee directly to L-1 Enrollment Services for this service.

324.010 No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If your license is suspended for tax state income taxes, you must stop practicing as a nurse immediately and you can not return to nursing practice until your license is active again. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

Name and address changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. An address/name change form can be found at http://pr.mo.gov. The form may be downloaded from our website and submitted. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

Contacting the Board

In order to assist you with any questions and save both yourself and our office valuable time, please have the following available when contacting the Board:

- License number
- Pen and paper

NLCA
NURSE LICENSURE COMPACT ADMINISTRATORS

Nurse Licensure Compact (NLC)

Fact Sheet for Licensees and Nursing Students

www.ncsbn.org/nlc

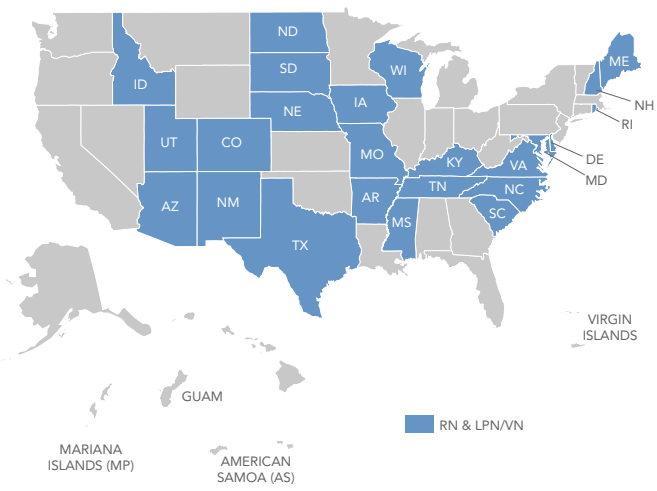


Background

- The Nurse Licensure Compact (NLC) allows a registered nurse (RN) and licensed practical/vocational nurse (LPN/VN) to have one multistate license in a primary state of residency (the home state) and to practice in other compact states (remote states), while subject to each state's practice laws and discipline.
- The NLC allows a nurse to practice both physically and electronically across state lines unless the nurse is under discipline or restriction.
- Advanced practice registered nurses (APRNs) are not included in this compact. APRNs must apply in each state in which they practice, unless exempted when employed in a federal facility.

Multistate and Single-state Licenses

- A nurse must legally reside in an NLC state to be eligible for issuance of a multistate license. In order to obtain a compact license, one must declare a compact state as the primary state of residency and hold a nursing license in good standing. There is not a separate application for obtaining a multistate license.
- A nurse whose primary state of residence is a noncompact state is not eligible for a compact license.
- Upon being issued a compact (multistate) license, any additional active compact state licenses held are inactivated because a nurse can only hold one multistate license.
- A nurse licensed in a compact state must meet the licensure requirements in the home state. When practicing on a multistate privilege in a remote state, the nurse is accountable for complying with the Nurse Practice Act of that state.
- A nurse with an active compact (multistate) license wanting to practice in another compact state does not need to complete any applications nor pay any fees as the home state license is accepted as a privilege to practice in other compact states.
- A nurse who declares a noncompact state as the primary state of residence will be issued a single-state license.



- A nurse must hold a separate license in each noncompact state where practice privileges are desired.
- While under disciplinary action, multistate privileges may be removed and the nurse's practice may be restricted to the home state.
- The NCLEX® can be taken in any jurisdiction. The results should be directed to the state board of nursing where the nurse will apply for licensure.

Education Report

Authored by Bibi Schultz, RN
Education Administrator

Missouri State Board of Nursing
Education Committee Members:
Lisa Green, PhD(c), RN, Chair
Roxanne McDaniel, PhD, RN
Ann Shelton, RN, MSN, PhD
Deborah Wagner, RN
Irene Coco, LPN

During the March 2010 Board meeting the Missouri State Board of Nursing approved initiation of processes for revision of the Minimum Standards for Professional and Practical Programs of Nursing in Missouri. A task force of nursing professionals working in nursing education, as well as, nursing practice settings has been formed and an initial orientation meeting was conducted on June 9th, 2010.

Members of the task force will consider current nursing education and practice issues in Missouri to determine needs for revision. The Task Force is charged with the responsibility to review standards set by nursing education accreditation agencies as well as rules from other states and compare those with Missouri Minimum Standards. Once this review has been completed, a set of recommendations for revision of minimum standards in Missouri will be determined.

Once recommendations for revision have been completed, the rule-making process will be initiated, which will include an opportunity for public comments. In order to receive input from nurses during development of recommendations for revisions, nursing professionals from practice settings throughout the State of Missouri are encouraged to provide input in this important process. Please submit ideas for revision to our office at bibi.schultz@pr.mo.gov, prior to August 30, 2010.

A copy of the current Minimum Standards is available at the Missouri State Board of Nursing website, www.pr.mo.gov/nursing.asp under Rules and Statutes.

Reprinted with permission from Lippincott Williams and Wilkins, Wolters Kluwer Health Medical Research: Crotty, J. Staff nurses & nursing students: Learning from each other. *Nursing2010. 2010;40(3):51-52*.



Reflect on your clinical experiences in nursing school. What do you remember about the staff nurses? Were they helpful, supportive, and encouraging? How did they help you learn to be the nurse you are today?

As a staff nurse, you may have opportunities to work with nursing students and influence the next generation of nurses. You'll be viewed as an expert and a role model. This article addresses basic tools you can use when you interact with students, such as respect, dialogue, and experience.

Respect is due

Regardless of age, gender, and personality type, all nursing students are adults. Malcolm Knowles, a renowned educator and researcher, found that teaching adults is different from teaching children. He named the process *andragogy:* the "art and science of helping adults learn."[1] Respect for learners is one of its principles. Speaking to learners respectfully and treating them with collegiality forms the basis for an effective learning situation.

Nursing has had the unfortunate reputation for "eating our young"; in other words, being unkind or destructive to new nurses or nursing students. This "unkindness" can take many forms, including belittling, unwarranted criticizing, and blaming. Some behaviors interpreted by students as unkind or disrespectful are eye rolling, heavy sighing, and using a dismissive or impatient tone of voice.

This practice, often called incivility or *horizontal violence*, has been researched in nursing for 2 decades. Many theories about why it occurs have been formulated. One theory is that nurses, being mostly female, are oppressed. Believing they're powerless against their oppressors, they strike out at one another out of frustration.[2]

Other theories include *grief burnout or compassion burnout*, which occurs when nurses have extended themselves for patients to the point of emotional exhaustion.[3] When dealing with coworkers or students, they may express this exhaustion as verbal abuse.

Past role models can also lead some nurses to treat students disrespectfully–nurses who've been treated badly by staff nurses or superiors may in turn treat others in vulnerable positions the same way. In educational theory, this is called *social learning*: People model the behaviors of others who appear to be authority figures or powerful in some way.[1]

Personal perspectives

I conducted an informal, conversational survey among nursing coworkers and faculty to discover their perspectives on why some nurses might show disrespect for students. Some practicing nurses said they feel insecure about their skills or knowledge and are intimidated by having a student follow them. They're concerned that the student might possess more current knowledge and their own knowledge or skills might be out-dated. This uncomfortable feeling caused some staff nurses to limit interactions with nursing students.

Knowles advocates an atmosphere of learning together, where adults feel accepted, respected, and supported. Staff nurses and students can have a spirit of mutuality as "joint inquirers."[1] In no way does seeking information diminish a staff nurse in the eyes of a student or coworkers. In a field that changes so rapidly, it's difficult if not impossible for nurses to keep up with all the current research and evidence-based practice changes.

When working with a nursing student, you might ask, "What are you learning about this in school?" or "How are we doing this procedure these days?" In a collegial, respectful atmosphere, sharing information benefits all parties. What if you can't answer a student's question? When you can say, "I don't know, but let's look it up," you set a great example of self-awareness and openness to learning, which are both integral to the critical thinking so important to nursing.

Role modeling positive behaviors and respect for everyone sets a tone for learners. Research shows that interactions with staff nurses influence students' professional image and behavior in the future.[4] Much of this interaction takes place in meaningful dialogue, when you open the conversation to questions and answers and are prepared to challenge the student to find meaningful responses. Adults learn best in dialogue.[5]

Taking part in dialogue

Jane Vella, a respected educator, credits educational theorist Paulo Freire with this idea: "In a dialogue approach to adult learning, the teacher learns and the learner teaches."[5] How much and how well they learn depends on both parties.

From the beginning of your interactions with students, develop working relationships through open communication and listening. By talking together as you work, you'll find out what students know and how much experience they have. In turn, they'll be more comfortable asking you questions.

Together you can determine what learning needs students have and address them. For example, a student may have been assigned to create a teaching plan for a patient who's a new mother. As the staff nurse, you know that a new mother needs to learn infant CPR. This becomes a practical, effective learning situation for both the student and the new mother, and you've overseen the process.

Critical thinking, an essential skill for nurses, involves questioning everything and making decisions based on knowledge and experience. Through dialogue, the student and the staff nurse both increase their critical thinking ability.

Learning from experience

Many educators say that all learning begins with experience using the five senses. Certainly, nursing is a profession in which experience shapes practice and influences patient-care decisions.

You have experiences that students lack and can share them through dialogue or in practice by having students perform assessments, procedures, or documentation.

You can also call students' attention to certain aspects of patient-care situations to help them gain experience: for example, you might point out and explain jaundice or a heart murmur. As adults, students come to the clinical setting with their own life experiences and can build on what they already know.[1] A student who's given birth will have added understanding and dimension to her maternity clinical rotation; a student with a sports injury may empathize with an orthopedic patient. Letting students share their experience will help them apply it to a new situation and attach deeper meaning to the learning.

Shape the future

Although working with nursing students isn't always easy or convenient, teaching them is vital to the future of our profession. By using respect, dialogue, and experience, you can shape the future for your students.

References

1. Merriam SB, Caffarella RS, Baumgartner LM. *Learning in Adulthood: A Comprehensive Guide.* 3rd ed. San Francisco, CA: Jossey-Bass; 2007.
2. Taylor B. Identifying and transforming dysfunctional nurse-nurse relationships through reflective practice and action research. *Int J Nurs Pract.* 2001;7(6):406-413.
3. Martin A, Gray C, Adam A. Nurses' responses to workplace verbal abuse: a scenario study of the impact of situational and individual factors. *Res Pract Hum Resour Manage.* 2007;15(2):41-61.
4. Rowell P. Lateral violence: nurse against nurse. http://www.nursingworld.org/mods/mod440/lateralabs.htm.
5. Vella J. *Learning to Listen, Learning to Teach: The Power of Dialogue in Educating Adults.* Revised ed. San Francisco, CA: Jossey-Bass; 2002.

Judy Crotty is an assistant professor of nursing at Finlandia University in Hancock, Mich.

Discipline Corner

Authored by Janet Wolken, MBA, RN
Discipline Administrator

Missouri State Board of Nursing
Discipline Committee Members:
Aubrey Moncrief, RN, Chair
Adrienne Anderson Fly, JD
Irene Coco, LPN
Lisa Green, RN
Deborah Wagner, RN

Substance Use Disorder Forum

I recently attended a Substance Use Disorder Forum that was sponsored by The National Council of State Boards of Nursing (NCSBN). NCSBN sponsored a committee to review discipline and alternative programs and provide recommended regulatory practices for licensees with substance use disorders. The committee reviewed literature, distributed and analyzed surveys, and drafted model guidelines. The forum had so much good information that I could never begin to touch on everything discussed. If you go to https://www.ncsbn.org/2106.htm you will find the information from the forum. I would like to cover some of that information that I found very useful.

The forum recommended some language changes. They mentioned the change from 'Chemical Dependency' to 'Substance Use Disorder'. Substance use disorder and impairment are two different things. The discussion also centered on impairment vs. illness. A person may have the illness without being impaired at work. Substance use disorder is a chronic progressive disease that has well-defined and predictable stages. If addiction is viewed as a chronic brain disease and nurses are offered thorough evaluations by a specialist, individualized treatment and continuing care with close monitoring, carefully-considered reentry, ongoing support and relapse prevention education, then the opportunity for success in recovery is good. (NIDA-Principles of Drug Addiction Treatment: A Research Based Guide, April 2009).

It was suggested that we move away from the term 'Impaired Nurse' and go toward 'safe practice issues'. Protection of the public is our mission; there must be very clear criteria to determine if the nurse is safe to re-enter the work environment. The committee suggested that the duty of regulators is not to treat addicted professionals. However, regulators need to know about treatment to determine if the evaluation and treatment plan are appropriate for the licensee. Another area of discussion was that the evaluator should not be the treatment provider due to a conflict of interest.

A change that I felt was important is the move from 'confidential' to 'non-public'. Licensing boards have a right to know information that the public does not. Sharing information with the Board does not make the information public. Alternative programs must be developed to ensure they protect public safety.

Missouri does not have an alternative program. However, of 59 licensing boards, 41 jurisdictions have alternative programs. Of those programs, 47 percent are managed by board staff. Eighty-two percent of the states only allow licensed nurses of that same state to be accepted into the alternative program. Licensees are required to have 12 negative urine drug screens before returning to work in 68 percent of the programs. Sixty-six percent require the licensee to immediately cease and desist practice if they have a positive urine drug screen. There was discussion regarding the change in brain function when people are taking suboxone and methadone. Should those licensees be allowed to practice? It is suggested that a cognitive evaluation is needed when licensees take prescription medications and that an addiction specialist should be the only person prescribing to the licensee. To obtain more information on the survey of alternative programs go to https://www.ncsbn.org/Alternative_Program_Survey_Results.pdf.

When a licensee violates the nurse practice act, they may be required to enter into a discipline program. A board of nursing discipline program survey related to substance abuse and misuse was conducted. The results of the survey may be found at https://www.ncsbn.org/Discipline_Survey_Results.pdf. On average 33 percent of all discipline was related to substance abuse, misuse, and diversion. In fifty percent of the jurisdictions if a nurse fails the monitoring program the license is automatically suspended. It is automatically revoked in seventeen percent of the jurisdictions.

The restrictions placed on a license vary with each jurisdiction. Seventy-one percent require supervision, 89 percent restrict working in home health, 38 percent restrict working night shifts and 32 percent restrict working 40 plus hours a week.

Some of the consequences for positive drug screens are: 50 percent require the nurse to cease the practice of nursing, 54 percent require the employer to be notified of the positive screen, 43 percent require additional treatment, 61 percent increase the time required to stay in the discipline program, and 67 percent increase the frequency of drug screening.

The forum discussed three common goals of alternative-to-discipline programs. The goals are to provide for the safety of the public through the early detection, treatment and monitoring of nurses with substance use disorders; decrease the time between identification, entry into treatment, compliance and monitoring of practice; and provide a process for nurses to recover through non-punitive and non-public processes.

The three common alternative program models are peer assistance, an alternative to discipline, and a combination of peer assistance and alternative. In the peer assistance model, the board of nursing is not involved. The primary focus is on the nurse and nursing advocacy. Compliance is not tracked and not reported to the board. In the alternative-to-discipline program, the authority is granted via statute or rule. The primary focus is on patient protection and nurse rehabilitation is secondary. Compliance is monitored and reported to the board when the threshold is not met. In the combined alternative and peer assistance program, the authority is granted via statute or rule. There is a dual focus of nurse rehabilitation and patient safety. Non-compliance results in termination and may not be reported to the board unless the board referred the nurse.

The forum discussed that what they discovered is that confidentiality does not matter as much to the licensee as what external event will occur. There is no evidence that providing information to the board discourages entry into a program. Rather the licensee is attempting to minimize any collateral damage. The licensee does not want public discipline that is entered into a national database and published in the state's newsletter.

The forum reviewed NCSBN guidelines for alternative programs and discipline monitoring programs. I will not include all of the information presented but will touch on what was of interest to me. The eligibility for admission to an alternative program should require that a nurse

- has no prior disciplinary action or criminal history or felony conviction without prior board approval
- is not a risk or has caused harm to patients
- committed no prescription fraud for self or sale to others

The no prescription fraud for self or sale to others is because the program is for licensees who are addicted; if they sold the drugs then they may not be addicted themselves.

Admission to an alternative program includes screening for appropriateness. The evaluator must have a specialty in addiction. The evaluator must be independent, objective and in possession of all the information known to the program.

The alternative program contract must be written and signed. It must affirm abstinence from all mood-altering substances. The nurse must acknowledge their involvement with alcohol or drugs. The nurse must agree to cease to practice and inactivate their license until they are screened and deemed safe to practice. The contract should provide information on treatment and define the consequences of noncompliance and relapse. It should agree that the nurse's identity is nonpublic and not confidential. The contract should outline reporting requirements to the board, the program and the employer (relapses, complaints filed, crimes, convictions etc).

A few of the obligations of the participant are as follows.

The participant must:

- abstain from all alcohol and drug use, including over the counter medications.
- sign all releases for information
- complete assessments and treatment as indicated
- submit to random drug and alcohol screens
- report any and all relapses, crimes committed, criminal arrests, citations, deferred sentencing, or convictions within 24 hours

The participant agrees to:

- admit to the drug or alcohol problem
- acknowledge that noncompliance means unsuccessful termination and a report to the board of nursing
- cease practice upon noncompliance

The forum also listed what standards should be met for the treatment programs. The treatment programs should have licensure by the state and accreditation by a national body. They need to have community resources throughout the state to make referrals to. The treatment program must provide reports to the alternative program. Each treatment plan must be individualized. It is best to have nurse support group meetings. The facilitator should have an unencumbered license and the facilitator should make a report to the program.

Drug testing must be done by a certified laboratory, it must be random and observed. The chain of custody must be protected. The company should be able to report a positive, adulterated, missed or noncompliant within the same business day. They suggest that a for-cause test should be conducted and reported within two hours.

The forum discussed relapse. Any relapse should be considered noncompliance; one missed test would be considered a relapse. Nursing practice must cease immediately upon relapse.

If a nurse has a pain management issue, they may not qualify for an alternative program. If they are deemed eligible, then they need to have a separate pain management contract. A neuropsychiatric and neuropsychological evaluation needs to be done to determine if they are able to practice safely. The contract must state that they are only allowed to use one pharmacy and the length of their contract should be a minimum of five years. Some programs do not allow nurses who are on medication-assisted treatment such as methadone and suboxone into their program.

The alternative program must have performance measures to ensure accountability and public protection. The programs must have trust and transparency. As alternative program failures have been in the news lately, it becomes even more important for the programs to be accountable and address any public concerns that may arise. The programs must be able to define what their success rate is. It must be clear how many, if any, relapses are allowed before the individual is terminated from the program. Also, when the nurse fails, then what? Is the nursing license automatically suspended or is the nurse still caring for patients? How long does the process take for the nurse to cease practice? The forum discussed building program accountability in depth due to how important that issue is to the public. The information must be timely and available and published on a website.

As the forum concluded, I left with a lot of new knowledge concerning alternative programs. The programs can be of great benefit if they are managed correctly with the ultimate goal of public safety in mind. I would again encourage you to visit the website https://www.ncsbn.org/2106.htm and read this and much more information relating to substance use disorder.

Investigations Corner

Authored by Quinn Lewis, Investigations Administrator

Case of the Quarter

This month's Case of the Quarter gives an example of how the public and the Board hold nurses to a higher standard. Each of us chooses our profession for different reasons. Those reasons are unique to each of us based on our motivation for fulfillment in our professional lives.

Our motivation could be money, respect, or the desire to help others. I think most people who do jobs involving the care of others get personal satisfaction from performing those jobs. But they also get the by-product of those jobs, which is respect and admiration from others in their community. Therefore, people who choose to become nurses should embrace the responsibility of being well-respected and held to a higher standard.

I'm not just referring to the nurse being held to a higher standard while he/she is on duty. I am also referring to their activities off duty, and who they associate with.

As you will see in the case you are about to read, a nurse was living with her boyfriend, who was involved in illegal drug activity at her residence. She was subsequently charged with felony drug possession, which was later reduced to a Class A Misdemeanor of Unlawful Use of Drug Paraphernalia. The Board reviewed the case and made the decision to discipline the nurse's license for violation of 335.066(2), Offense involving moral turpitude.

Details of the Investigation:

There were reports that there was illegal drug activity occurring at the residence of Nurse A. It was reported that Nurse A's residence was being used as a place to divide up methamphetamine between different individuals who wanted to buy it.

Two separate police incidents resulted in drugs found in vehicles that could be traced back to Nurse A's residence. Incident #1–A vehicle that was observed leaving the residence was stopped by police and a large amount of crystal meth was found in the vehicle. The driver of the vehicle admitted that he had been at Nurse A's residence prior to being stopped and he had intended to return there. Incident #2–On a traffic stop, a search of the vehicle revealed methamphetamine. The driver stated that he had purchased the drugs at Nurse A's residence. The driver did not identify Nurse A as the person who sold him the meth, but stated that he purchased the methamphetamine from a male subject at Nurse A's residence in the presence of a female. This female was later identified as Nurse A.

A search of Nurse A's trash revealed numerous baggies containing methamphetamine residue, glass pipes containing methamphetamine residue, and baggies containing marijuana residue.

A search warrant was served on Nurse A's residence, which only turned up marijuana paraphernalia, methamphetamine pipes containing residue along with plastic baggies containing methamphetamine residue.

Nurse A and her boyfriend were present during the search. The boyfriend admitted that the marijuana pipe was his, and Nurse A admitted that the methamphetamine pipes located inside the residence were hers. Nurse A said that it had been over a year since she used methamphetamine.

Nurse A was arrested for possession of methamphetamine, a felony, but it was later reduced to unlawful use of drug paraphernalia, a class A misdemeanor.

Interview of Nurse A by Board Investigator:

Nurse A stated that she does not use drugs and she was unaware of any drugs being used or sold from her residence. Nurse A said that her boyfriend and his son lived in her home for approximately one month, prior to the search warrant being served at her residence. Nurse A said that the drug paraphernalia belonged to her boyfriend and his son.

Nurse A said that she did not know what the two men did when she went to bed at night. Nurse A stated that she married her boyfriend soon after the search warrant was served at her home.

Nurse A denied having any knowledge of her boyfriend selling drugs at her home. She also denied that she admitted to using meth over a year ago. Nurse A stated that she was offered a plea bargain, but she rejected the offer because she was not guilty.

Nurse A stated that she was suspended from her job and she lost $4,000 in wages because of it. Nurse A was asked if there was anything she would do differently related to this incident. Nurse A said that she would not have been at the residence on the night the search warrant was served.

This nurse learned the hard way that who you associate with could have serious consequences on your professional life. This nurse was disciplined by the Board.

In closing, nurses are held to a higher standard on and off duty. Unfortunately Nurse A fell short of those standards by the social choices she made. Nursing is a respected profession because of the fine individuals who are professional and live up to the high standards placed upon them. Remember, the profession does not make the person, the person makes the profession.

Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

CENSURE

Williams-Buchanan, Angela R.
Saint Charles, MO
Registered Nurse 2001015710
On August 16, 2007, Licensee pled guilty to the offense of wire fraud in the United States District Court for the Eastern District of Missouri.
Censure 5/27/2010 to 5/28/2010

Wallace, Michelle Kay
Saint Charles, MO
Licensed Practical Nurse 052459
On September 22, 2008, Licensee was placed on the Missouri Employee Disqualification List for a period of six (6) months. Licensee was removed from the list on March 22, 2009.
Censure 5/1/2010 to 5/2/2010

Ibrahim, Jennifer Nadine
Kingsville, MO
Licensed Practical Nurse 2008016908
Licensee was required to start an IV on a patient. Licensee tried several times during her shift to start the IV, but was unsuccessful. A Certified Nursing Aide (CNA) requested to attempt to start the IV. Licensee allowed the CNA to attempt the IV. The CNA was successful in starting the IV. Starting an IV is beyond the scope of practice of a CNA. Licensee allowed the CNA to practice outside of her scope of practice.
Censure 4/13/2010 to 4/14/2010

Renkemeyer, Shelley Ann
Jefferson City, MO
Registered Nurse 2003018687
Licensee was required to contract with the Board's approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. During the disciplinary period to the filing date of the complaint, Licensee has failed to call in to NTS on thirty-one (31) days. Further, on April 17, 2009, Licensee called NTS and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a collection site to provide the sample.
Censure 3/8/2010 to 3/9/2010

Mulligan, Florence A.
Columbia, IL
Registered Nurse 101438
On September 30, 2008, Licensee committed multiple medication errors during care of the same patient. Vancomyacin IVPB and Levaquin IVPB were ordered to be administered to the patient and were not given during Licensee's twelve hour shift. Magnesium Sulfate and Potassium were ordered to be administered to the patient and were not given during Licensee's twelve hour shift.
Censure 4/27/2010 to 4/28/2010

Walker, Virginia L.
Orrick, MO
Licensed Practical Nurse 044208
On January 20, 2009, Licensee's license was suspended. On August 12, 2009, Licensee's license was reinstated. From January, 2009 until May, 2009, Licensee was employed as a licensed practical nurse. Licensee was seeing home health patients and practicing when she knew that she did not have a valid license.
Censure 5/14/2010 to 5/15/2010

Johnson, Arlene F.
Nixa, MO
Registered Nurse 078328
Licensee was employed by a nursing home. In August 2007, a CMA at the home called Licensee and the RN Supervisor to come evaluate a patient's leg as they had discovered maggots in

CENSURE Continued...

the wound. The family wanted the resident to go to the hospital that night and the resident asked to go to hospital. Licensee would not allow resident to be transported to the hospital. Licensee did not document in the nursing notes after her assessment.
Censure 5/4/2010 to 5/5/2010

Smith, Leslie A.
Carthage, MO
Registered Nurse 132234
On March 18, 2009, Licensee was working in the cardiovascular operating room. The perfusionist requested Licensee retrieve two units of packed red blood cells. Licensee requested the blood from another nurse, using only the patient's first name. The other nurse gave two units of packed red blood cells to Licensee. Licensee did not check the blood to ensure that it was for the appropriate patient. Licensee delivered the blood to the perfusionist and he transfused the blood into the patient. After the transfusion had begun, it was discovered that the blood was for a different patient. There were two patients for surgery that day that had the same first name. Neither Licensee, nor the nurse delivering the blood to Licensee, checked the blood to ensure that it was for the patient currently in surgery.
Censure 5/26/2010 to 5/27/2010

Newton, Jennifer Lee
Saint Joseph, MO
Licensed Practical Nurse 2004029056
Licensee was employed by a psychiatric rehabilitation center. On October 17, 2008, Licensee made a transcription error resulting in an error in medication administration. On October 17, 2008, Licensee prepared the wrong medication. The patient recognized that they were being given the wrong medication and the appropriate medication was administered. On October 20, 2008 Licensee administered Ambien 10mg when Ambien 5mg was prescribed. On January 10, 2009, Licensee failed to administer 1mg of Klonopin to a patient as ordered. On June 9, 2009 Licensee failed to administer medication to a patient as ordered. On June 18, 2009, Licensee failed to administer medication to a patient as ordered. On September 5, 2009, Licensee administered 40mg of Propanolol to a patient rather than the 20mg that was ordered. On September 5, 2009, Licensee administered 500mg of Depakote to a patient rather than the prescribed dose of 750mg of Depakote.
Censure 4/24/2010 to 4/25/2010

Greer, Christine J.
Cleveland, MO
Licensed Practical Nurse 056838
In November 2008, the ADON was called by a CNA to notify her that Licensee was 'freaking out'. Licensee was observed using profanities at residents and banging her fists and head on a wall. It was also noticed that Licensee withdrew Oxycodone for a resident's 8:00 p.m. dose. The resident's chart did not indicate that the dose had been administered. The resident denied that he had received the medication. The dose of Oxycodone was never recovered.
Censure 5/12/2010 to 5/13/2010

PROBATION

Conover, Katherine Jane
Princeton, MO
Licensed Practical Nurse 2003022459
On December 24, 2008, Licensee was caring for a resident who had a physician order to be administered 7.5mg. of Methotrexate. Licensee administered 100mg of the medication to the resident.
Probation 5/18/2010 to 5/18/2011

Kenitzer, Stacy A.
Glencoe, MO
Registered Nurse 135750

PROBATION Continued...

In or about July 29, 2004, McGowan knowingly possessed and consumed cocaine. On or about the evening of July 30, 2004 McGowan consumed alcohol. McGowan subsequently reported to work on the morning of July 31, 2004 in an impaired condition due to her alcohol consumption the previous evening. Specifically, McGowan was unable to concentrate and other nurses had to repeat information about patients to McGowan several times. On or about July 31, 2004 the facility requested that McGowan submit a breath test for alcohol. Said breath test was positive for alcohol. On or about July 31, 2004 the facility requested that McGowan submit a urine drug screen. Said drug screen was positive for cocaine and alcohol.
Probation 5/26/2010 to 5/26/2013

Nixdorf, Debra Jo
Kidder, MO
Licensed Practical Nurse 2010012608
On or about March 24, 2008, Licensee was working as a corrections officer at the Western Missouri Correctional Center. March 24, 2008, Licensee brought a cell phone for one of the offenders to use to be in contact with Licensee. Bringing telephones to the prisoners was prohibited by the correctional center and is illegal. Licensee was charged and pled guilty to misdemeanor Delivering a Prohibited Article on the Premises of a Correctional Center. She was placed on probation and was released early.
Probation 4/21/2010 to 5/10/2010

Daniel, Josie Lee Anne
Forsyth, MO
Licensed Practical Nurse 2010011768
On October 4, 2001, Licensee pled guilty to the Class A Misdemeanor of 'Passing Bad Checks'. The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation. On or about November 4, 2002, Licensee pled guilty to the Class C Felony of 'Stealing'. The Court suspended imposition of sentence and placed Licensee on supervised probation for a period of five (5) years. In both cases, Licensee successfully completed the terms of probation and, as a result, was not convicted of the offenses.
Probation 4/13/2010 to 5/18/2010

Caylor, Rebecca A.
Joplin, MO
Registered Nurse 132527
On November 8 and 9, 2008, Licensee documented that she had administered IV antibiotics to three patients. Licensee, in fact, had not administered the medications.
On December 2, 2008, Licensee documented that she had administered medications to four patients. Licensee, in fact, had not administered the medications. On December 3, 2008, Licensee documented that she had administered medications to three patients. Licensee, in fact, had not administered the medications.
Probation 3/30/2010 to 3/30/2012

Probation continued on page 12

Probation continued from page 11

Cancila, Barbara M.
Saint Peters, MO
Licensed Practical Nurse 051575
On February 9, 2006, Licensee was involved in a head-on collision. The officer observed Licensee to be impaired and administered a breathalyzer test to Licensee. Licensee failed the breathalyzer test. The officer found a half empty 5mg. vial of prochlorperzine (generic for Compazine) and a syringe. Licensee misappropriated the prochlorpezine and the syringe for her personal consumption. On February 13, 2007, Licensee was placed on the Department's EDL for violations related to misappropriation of a resident's property.
Probation 3/10/2010 to 3/10/2013

Kelsaw, Kelli J.
O Fallon, MO
Registered Nurse 155543
In August, 2008, the Hospital requested Licensee submit to a drug and alcohol screening. The screening tested positive for amphetamines. Amphetamines are a controlled substance. Licensee did not have a valid prescription for amphetamines.
Probation 3/10/2010 to 3/10/2013

Stewart, Alexandra E.
Troy, MO
Licensed Practical Nurse 2000175684
On February 9, 2009, Licensee pled guilty to the Class C Felony of 'Delivery or Possession of a Controlled Substance at a County/ Private Jail' in the Circuit Court of Lincoln County, Missouri. The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation. 'Delivery or Possession of a Controlled Substance at a County/Private Jail' constitutes a violation of the drug laws of the State of Missouri.
Probation 5/28/2010 to 5/28/2015

Osborne, Angel Y.
Lawson, MO
Registered Nurse 124076
Licensee's Missouri nursing license expired on April 30, 2003. On December 8, 2004, the Kansas State Board of Nursing suspended the Kansas nursing license of licensee. Licensee's Kansas license was disciplined for failing to follow a disciplinary order by the Kansas State Board of Nursing.
Probation 3/17/2010 to 3/17/2011

Czerwinski, Megan Suzanne
Saint Louis, MO
Registered Nurse 2002005240
On or about July 7, 2005, Licensee removed 5mg of Morphine from the Diebold and documented giving pain medication at the same time she documented that the patient was pain free. On or about July 8, 2005, Licensee removed 2mg of Dilaudid from the Diebold. Licensee failed to document the administration and/or wastage of the unused .5mgs of Dilaudid. On or about July 14, 2005, Licensee removed 2mg of Dilaudid from the Diebold for a patient that did not have a physician's order for the medication. On or about August 15, 2005, Licensee removed 3 vials of Dilaudid. Licensee documented that 3 doses of this medication were given to the patient via IV. The patient's primary nurse documented on the flow sheet that the patient did not have IV access. On or about September 9, 2005, Licensee was called into a meeting with her supervisor due to charting discrepancies in patients' files. During this meeting, Licensee reported consuming marijuana on a camping trip the previous weekend. License also reported consuming a Percocet that belonged to her mother several weeks prior to the meeting on September 9, 2005. Licensee took a urine drug screen on September 9, 2005, at her employer's request, and the results came back negative.
Probation 3/3/2010 to 3/3/2012

PROBATION Continued...

Pierce, Samantha K.
Lees Summit, MO
Licensed Practical Nurse 2003027735
During her employment Licensee called in prescriptions for herself. The prescriptions were for Lortab, Diazepam, Xanax and Percocet.
Probation 3/17/2010 to 3/17/2013

Harris, Angela Dawn
Elsberry, MO
Licensed Practical Nurse 2006025082
On June 26, 2009, Licensee pled guilty to four (4) counts of the Class C Felony of Theft/Stealing of a Controlled Substance.
Probation 3/12/2010 to 3/12/2014

Harmel, LeAnna Kristine
Kansas City, MO
Licensed Practical Nurse 2006020118
In September, 2008, a facility was contacted by the pharmacy regarding questionable prescriptions for Licensee. The prescriptions were for Oxycontin for Licensee. In a written statement to the Board, Licensee admitted that she fraudulently obtained controlled substances using a prescription pad from the facility.
Probation 4/13/2010 to 4/13/2013

Daley, Kelli Anne
Florissant, MO
Registered Nurse 2000163206
The hospital checked Licensee's charting from April to August, 2008. In the time frame checked, Licensee worked on thirty-three (33) days. The audit revealed ninety-four (94) documentation or medication administration errors. The errors included: medications charted as administered that did not match the frequency of the Doctor's order; medications charted as administered but not showing as ever removed from the pyxis; and medications pulled from the pyxis and not administered until over an hour later. The audit also revealed that the following medications had been pulled from the pyxis and were never charted as administered or wasted: five (5) milligrams of Dilaudid; one thousand, thirty-seven and a half (1037.5) milligrams of Demerol and forty-five (45) tablets of Percocet
Probation 3/10/2010 to 3/10/2012

Pendleton, Nichole Marie
Meta, MO
Licensed Practical Nurse 2010008896
May 10, 2008 Licensee pled guilty to two counts of the Class A Misdemeanor of Stealing.
Probation 3/18/2010 to 3/18/2011

Cummings, Abby Rae
Old Monroe, MO
Licensed Practical Nurse 2005008148
On December 31, 2008, the Clinic received a call from a pharmacist attempting to verify a prescription for Lortab that had been called in. Licensee went to retrieve the prescription but was told the doctor would not verify the prescription and, therefore, the pharmacy would not fill the prescription. Licensee admitted that she attempted to pick up the prescription. Licensee admitted that she knew the prescription was fraudulent.
Probation 3/23/2010 to 3/23/2013

Haynes, Kathy D.
Mexico, MO
Registered Nurse 120710
On August 29, 2008, prior to her shift beginning, Licensee came to the facility. According to witnesses, Licensee had been in a physical altercation and displayed obvious injuries, including a bruised, swollen eye. While at the facility, Licensee asked two different licensed practical nurses who were working to bring her some controlled substances to alleviate her pain.
Probation 3/4/2010 to 3/4/2012

PROBATION Continued...

Stanton, Brenda Sue
Waynesville, MO
Licensed Practical Nurse 2000168074
On March 3, 2008, Licensee had deviate sexual intercourse with an inmate. On June 11, 2008, Licensee was charged with the Class D Felony of Sexual Contact with a Prisoner. On January 27, 2009, Licensee entered a plea of guilty to the amended charge of the Class A Misdemeanor of Domestic Assault in the Third Degree.
Probation 3/23/2010 to 3/23/2012

Young, Lori A.
High Ridge, MO
Licensed Practical Nurse 050848
PN050848/RN2001001359
On or about February 18, 2008, when Licensee arrived for duty, staff observed Licensee behaving strangely and her gait was unsteady. On or about February 18, 2008, at approximately 10:30 a.m., Licensee was instructed to report for a breathalyzer test due to her suspicious behavior. The test was conducted at approximately 10:45 a.m., which resulted in a reading of .277. A confirmation test was conducted at approximately 11:02 a.m., with a result of .276.
Probation 3/10/2010 to 3/10/2013

McGeorge, Monica Ruth
Columbia, MO
Licensed Practical Nurse 2006018960
On January 21, 2009, Licensee was placed on the Missouri Department of Health and Senior Services' Employment Disqualification List for a period of eighteen (18) months.
Probation 4/22/2010 to 4/22/2013

Clark, Brian O'Neil
Saint Louis, MO
Registered Nurse 2006025266
Licensee repeatedly refused to comply with the hospital's policy of medication administration and documentation. As a result of his refusal, Licensee committed a medication error on March 31, 2009. Licensee administered a dose of Gabapentin to a patient who had already received the medication. The error occurred because Licensee failed to check the patient's electronic chart prior to administering the dose. Following that incident, Licensee was stopped by a nurse from administering medication to another patient prior to checking the electronic chart. Also on March 31, 2009, Licensee was instructed to contact a patient's physician to complete medication reconciliation so the patient could be discharged. Licensee did not contact the physician and completed the reconciliation by himself. Had the error not been caught by the charge nurse, the patient would have been discharged from the hospital without discharge orders from the patient's physician.
Probation 4/15/2010 to 4/5/2012

Scott, Canzada Mae
Saint Louis, MO
Registered Nurse 2006032414
On February 1, 2008, Respondent was assigned to a critical patient and Respondent stated that she had placed a cardiac monitor on the patient. However, no cardiac monitor was placed on the patient. Anther patient had an order for one 325mg EC ASA. However, Respondent gave the patient three 325mg EC ASA and when Respondent discovered that she had made a mistake Respondent changed the patient's chart to show Respondent had only administered one pill instead of three. One of Respondent's patients had to be returned to a nursing home. However, when copying the chart, Respondent had not filled out the patient's chart, even though the patient had been there for a number of hours.
Probation 5/18/2010 to 5/18/2012

Thomas, Christine Joy
Independence, MO
Registered Nurse 2008005718
On November 10, 2008, Licensee was assigned to a patient for

Probation continued on page 13

Probation continued from page 12

staple removal following a surgical procedure. Licensee used a suture removal kit instead of a staple removal kit to perform the task. Licensee used the improper tools and used improper technique in removing the staples. The patient reported that the procedure was very painful. The surgeon noted that the incision was not healing properly following Licensee's actions. The patient was required to undergo a secondary procedure in order to treat the incision. In addition, Licensee did not document in the patient's chart that she removed the staples or provided any wound care to the patient.
Probation 5/11/2010 to 5/11/2012

Osborn, Linda L.
Olathe, KS
Registered Nurse 143057
Licensee began KNAP in October, 2009.
Probation 5/3/2010 to 10/7/2010

Jones, Melony Lynn
Kansas City, KS
Licensed Practical Nurse 2010006816
On or about May 3, 1997, Licensee assaulted an individual with a knife. Licensee pled nolo contendere to assault, and received a suspended execution of sentence and was placed on six months of unsupervised probation. On or around April 23, 1998, Licensee assaulted a former boyfriend. Licensee pled nolo contendere to the assault charges and received one year of supervised probation. On or about August 7, 1998, Licensee assaulted her sister with a steering wheel locking device, then with a motor vehicle. Licensee was convicted of assault and received six months of unsupervised probation. Licensee has possessed drug paraphernalia and has used a controlled substance, specifically cocaine, which is a controlled substance, in her past. Licensee admits that she has had a chemical dependency problems, and reports that she has a clean and sober date of October 26, 1997.
Probation 3/1/2010 to 3/1/2010

Parker, Jennifer Ann
Eolia, MO
Licensed Practical Nurse 2005024698
On December 22, 2008, Licensee pled guilty to the Class D Felony of Fraudulently Attempting to Obtain a Controlled Substance in the Circuit Court of Lincoln County, Missouri.
Probation 3/30/2010 to 3/30/2013

Barnes, Patricia A.
Saint Joseph, MO
Licensed Practical Nurse 040044
On March 30, 2006, Licensee pled guilty to the Class D Felony of Fraudulently Attempting to Obtain Controlled Substance.
Probation 5/4/2010 to 5/4/2015

SUSPENSION/PROBATION

Brown, Mable M.
Kansas City, MO
Licensed Practical Nurse 054521
On or about July 16, 2003, Licensee submitted to a pre-employment drug screen which tested positive for cocaine. On or about October 23, 2006, Licensee applied for a nursing license from the Kansas State Board of Nursing. The Kansas State Board of nursing denied Licensee's application and made the following findings of fact and conclusions of law: Findings of Fact A KSBN investigation revealed that the applicant was convicted of the following criminal offenses in the state of Missouri: On or about 1/27/92 Licensee was convicted of 2nd degree Property Damage; On or about 8/7/92, Licensee was convicted of 2nd Degree Burglary; On or about 6/11/99 Licensee was convicted of Violating a Protective Order; On or about 6/11/99 Licensee was convicted of 3rd Degree Assault; On or about 9/24/99 Licensee was convicted of Stealing; On or about 9/24/99, Licensee was convicted of 3rd Degree Assault. On or about August 10, 2004 Licensee pled guilty to sale of a controlled substance. Licensee was sentenced to probation to run from 8/10/2004 through 8/2/2009. To-date, Licensee has missed three recent sessions with her probation officer. The probation officer reported her last drug screen in March 2006 was positive for cocaine.
Suspension 3/15/2010 to 9/15/2010
Probation 9/16/2010 to 9/16/2015

SUSPENSION/PROBATION Continued...

Collins, Cortney Jeanne
Joplin, MO
Licensed Practical Nurse 2006022599
Pursuant to the Agreement, Licensee was required to contract with NCPS, Inc. (now known as FirstLab) to schedule random drug and alcohol screenings. Since the issuance of a non-disciplinary letter of concern on August 31, 2009 to the filing date of the probation violation complaint, Licensee failed to call in to FirstLab on seventeen (17) days. Further, on December 7, 2009, Licensee called FirstLab and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the requested sample. Licensee was required to obtain fifteen continuing education contact hours in Documentation and Medication Administration. Licensee was also required to submit documentation to show the content of the courses attended. The Board did not receive proof of completion of any hours prior to the December 10, 2009 due date.
Suspension 4/5/2010 to 4/18/2010
Probation 4/19/2010 to 4/19/2011

Hurst, Mandy Lynn
Dixon, MO
Licensed Practical Nurse 2002020016
On October 27, 2008, Licensee pled guilty to two counts of misdemeanor "Supplying Intoxicating Liquor to a Minor"
Suspension 5/1/2010 to 5/31/2010
Probation 6/1/2010 to 6/1/2012

REVOKED

Prechtl, Nancy A.
Saint James, MO
Registered Nurse 139060
On March 5, 2009, Licensee removed 15mg of Morphine from a resident's card prior to the beginning of her shift. The dose was circled "not given" on the medication administration record. Licensee also hung an IV with the tubing threaded backwards into the pump, as well as making multiple charting and documentation errors. Licensee was requested and agreed to take a random drug test and was sent to provide a sample for testing. Licensee stated that she was unable to give a sample right away because she hadn't had anything to drink. The receptionist turned away to get Licensee some water and Licensee left the premises without providing a sample.
Revoked 4/9/2010

Mangels, Dana Nicole
Franklin, MO
Licensed Practical Nurse 2001026484
On October 5, 2009, Licensee pled guilty to the Class D Felony of 'Providing Reagents, Solvents or Precursor Materials to Another with Intent of Production of a Controlled Substance' in the Circuit Court of Boone County, Missouri.
Revoked 5/20/2010

Stovall, Shelley M.
Overland Park, KS
Registered Nurse 2003025482
Respondent was required to comply with the requirements and conditions of the Kansas Nurse Assistance Program (KNAP). The Board received notice from KNAP on August 14, 2009

REVOKED Continued...

that Respondent had violated the requirements and conditions of KNAP and that her contract with KNAP was to be extended. Evidence adduced at the hearing showed that, as a result of her violation of the KNAP conditions; Respondent's nursing license in the State of Kansas has been suspended.
Revoked 3/10/2010

McGinnis, Vicki Sue
Kansas City, MO
Licensed Practical Nurse 2001003259
Respondent was required to meet with the Board at regular intervals. Respondent was advised to attend a meeting with the Board on June 11, 2008. Respondent failed to attend the meeting. Respondent was required to undergo a thorough mental health evaluation. The Board never received a thorough mental health evaluation submitted on Respondent's behalf. Respondent was to renew her nursing license immediately. Respondent's license expired on May 31, 2008 and remains lapsed at this time.
Revoked 3/9/2010

Revoked continued on page 14

Revoked continued from page 13

Spurgeon, Georgia S.
Cape Girardeau, MO
Registered Nurse 061798
Respondent was required to meet with representatives of the Board at regular intervals. Respondent was advised by certified mail to attend a meeting with the Board's representative. Respondent did not attend the meeting and did not call to reschedule the meeting. Respondent was required to undergo a chemical dependency evaluation within six weeks of the effective date of the Order. The Board never received a chemical dependency evaluation. Respondent was required to undergo a mental health evaluation within six weeks of the effective date of the Order. The Board never received a mental health evaluation. Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent never contracted with NTS.
Revoked 3/10/2010

Depuy, Lori
Chillicothe, MO
Licensed Practical Nurse 039959
Licensee has a significant history of Demerol abuse. On or about February 9, 2006, Licensee was observed acting suspiciously, and her employer requested that she submit to a drug screen. Licensee approached the housekeeper and attempted to secure a urine sample from him with the intent of using his sample for the drug screen. C.C. went into the bathroom to obtain a sample while Licensee waited outside the door. C.C. was unable to produce a reasonable sample, so he diluted his sample with tap water and then gave the sample to Licensee. Licensee falsified her urine drug screen by obtaining a sample from C.C. On or about February 9, 2006, Patient 1 was complaining of flu-like symptoms, and the clinical impression was acute pneumonia. The physician discharge orders for Patient 1 included Cipro 500mg one tablet 2 times per day for 10 days and Albuterol premix 4 times per day as needed. Licensee forged physician orders for "Tylenol 500mg x 2 PO now, may give Demerol 50mg IVP now-may repeat if needed, and give Demerol 100mg IM prior to going home if [patient 1] still has a lot of pain." Licensee forged the physician orders for Patient 1 for the purpose of diverting Demerol for her personal consumption. Licensee did not have a valid prescription for Demerol. In an effort to cover up her diversion, Licensee falsely documented that a co-worker, administered IV push medications to Patient 1. On or about February 10, 2006, Licensee falsely documented that the treating physician wrote orders for Demerol 100mg to patients prior to the patients going home. Licensee diverted the Demerol for her personal consumption.
Revoked 3/10/2010

Carey, Colette R.
Columbia, MO
Registered Nurse 139818
Respondent was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug has been prescribed. Respondent submitted a urine sample for random

REVOKED Continued...

drug screening. That sample tested positive for benzoylecgonine, a metabolite of cocaine.
Revoked 3/9/2010

Whittaker, Lorena M.
Atchison, KS
Licensed Practical Nurse 2003010266
In 2005, Licensee was employed as a LPN at a long term care facility. Licensee was assigned to care for resident E.R. E.R. had a diagnosis of mental retardation and had significant difficulty communicating verbally. He was confined to a wheelchair. Licensee took E.R. outside in his wheelchair to punish him for engaging in conduct that aggravated Licensee. E.R. had his indoor clothes on and no coat. The outside temperature was 15 degrees F with winds of 10 miles per hour. The wind chill was 3 degrees F. Licensee left E.R. outside and went back inside. When two staff people confronted Licensee about what they saw, Licensee denied having put E.R. outside, but then admitted it. Licensee said that she did not like E.R. and that he was getting to her.
Revoked 3/10/2010

VOLUNTARY SURRENDER

Parker, Jennifer Ann
Eolia, MO
Licensed Practical Nurse 2005024698
On March 31, 2010, Licensee voluntarily surrendered her Missouri Nursing License.
Voluntary Surrender 3/31/2010

Myers, Emily Marie
Sidney, IA
Licensed Practical Nurse 2007022151
On May 21, 2010, Licensee surrendered her Missouri Nursing License.
Voluntary Surrender 5/21/2010

Starrick, Deborah Sue
Energy, IL
Registered Nurse 2003008064
In late 2004 and early 2005, Licensee diverted Demerol from her employer on two occasions. On July 2, 2005, a patient was admitted to the emergency room at Licensee's employer. Licensee was a nurse who provided care to the patient while he was in the emergency room. The patient reported missing approximately $1,340 in cash, which had been in his possession when he arrived at the emergency room. A search was conducted of Licensee's vehicle in the parking lot of the hospital. The search revealed $1,340 under the spare tire of Licensee's car. On January 17, 2006, Licensee pleaded guilty to the class C felony of theft/stealing in the Circuit Court of Cape Girardeau County, Missouri.
Voluntary Surrender 4/6/2010

Coburn, Terri Ann
Kansas City, MO
Registered Nurse 2001019259
On January 22, 2009, a chart audit was performed on Licensee's patients for that shift. Multiple discrepancies were noted. Due to the number of discrepancies, the hospital performed a chart audit on Licensee's patients from January 14, 2009 to January 23, 2009. Licensee removed 10mg of Dilaudid. Licensee documented the administration of 4mg. There was no documentation of the remaining 6mg. Licensee removed 6mg of Ativan. Licensee documented the administration of 1mg. There was no

VOLUNTARY SURRENDER Continued...

documentation of the remaining 5mg. Licensee removed 190mg of Morphine. Licensee documented the administration/waste of 76mg. There was no documentation of the remaining 114mg.
Voluntary Surrender 4/1/2010

Taylor, Michelle A.
Kansas City, MO
Registered Nurse 122513
On May 3, 2010, Licensee Voluntarily Surrendered her Missouri Nursing License.
Voluntary Surrender 5/3/2010

Jordan, Connie D.
Hazelwood, MO
Registered Nurse 148308
In July, 2008, Licensee was employed as a registered nurse with a hospital. In July 2008, Licensee left during her meal break and did not, according to records, return for 2 hours. Licensee did not clock out while she was gone. In July 2008, Licensee pulled Dilaudid at a time when she was not assigned to care for any patients who had orders for Dilaudid. Licensee was asked to submit to a drug screening. Licensee was advised that a refusal to comply would result in her termination. Licensee refused to submit to the screening and was terminated.
Voluntary Surrender 5/12/2010

Morrow, Kellie Lanette
Miami, MO
Registered Nurse 2001006636
Respondent was employed by a rehabilitation facility. In July 2009, it was discovered that approximately 60 Darvocet meant for a patient were missing. An audit was performed regarding the patient's medication. The audit revealed discrepancies between the amounts of Darvocet delivered to the facility for the patient and documentation regarding administration of Darvocet to the patient. When confronted about the discrepancies, Licensee admitted that she had taken Darvocet intended for the patient.
Voluntary Surrender 4/27/2010

The Board of Nursing is requesting contact from the following individuals:

Carrie Berry - PN051027
Cynthia Boyd - RN113010
Tracy Bynog - PN058788
Clifford Cecil - RN087397
Ann Cockrell - RN112263
Raymond Frye - RN141219
Greg Gaba - RN142715
Jamie Henke - RN110458
Susanne Langston - PN050275
Erma Glaus Long - PN053911
Jeannie Renee Owens - PN2001025370
Linda Rowell - PN039938
Michele Diane Smith - RN2006010122
Germaine Verrett - PN2004018393
Sara Winter - PN2004029555
Martha Witcher - RN081502
Paul Wolford - RN149889

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov

2009 Golden Awards

Golden Certificates were sent in **July 2009** to 24 Licensed Practical Nurses and 147 Registered Nurses. These individual had active licenses and had been licensed in the State of Missouri for **50 years**. We take great pleasure in marking this special achievement and apologize for not listing these names previously.

Patricia S. Alkier, RN, Willard, MO
Eileen V. Altenhofer, RN, Seattle, WA
Claire A. Aubuchon, RN, Ballwin, MO
Mary L. Baer, RN, Urich, MO
Joyce W. Baggott, RN, Manchester, MO
Lois V. Baird, RN, Jasper, MO
Peggy A. Barlow, RN, Piggott, AR
Joanne F. Bettenhausen, RN, Centralia, MO
Naomi S. Blount, LPN, Kansas City, MO
Elsie H. Blythe, RN, Ballwin, MO
Ruth B. Bohlen, RN, Saint Peters, MO
Lena M. Bowren, LPN, Kansas City, KS
Mary S. Brancato, RN, Gladstone, MO
Marilyn Brangle, RN, Saint Louis, MO
Mildred M. Buckler, RN, Columbia, MO
Shirley H. Cabbs, RN, Saint Louis, MO
Patricia R. Carr, RN, Charleston, MO
Anna C. Cassini, RN, Kansas City, MO
Greta C. Chitwood, RN, Saint Louis, MO
Mary K. Choate, RN, Shawnee Mission, KS
Martha C. Clynes, RN, Saint Peters, MO
Mary D. Cook, RN, Farmington, MO
Wanda J. Cook, RN, Independence, MO
Janice E. Cracraft, RN, Blue Springs, MO
Gladys F. Cunningham, RN, Cape Girardeau, MO
Ethel E. Dawkins, RN, Shelbina, MO
Betty J. Dickens, RN, Saint Louis, MO
Barbara L. Dierstein, RN, Saint Louis, MO
Marilyn R. Dilley, RN, Kinderhook, IL
Mary M. Dilworth, LPN, Saint Louis, MO
Bonna L. Dittberner, RN, Laredo, MO
Peggy L. Divers, RN, Cassville, MO
Sallie T. Dixson, LPN, Kansas City, MO
Marilyn M. Dougherty, RN, Olathe, KS
Flossie M. Doyle, RN, Poplar Bluff, MO
Virginia K. Drake, RN, Chesterfield, MO
Judith K. Draper, RN, Arcadia, MO
Joyce E. Driemeier, RN, Florissant, MO
Joyce M. Drury, LPN, Saint Charles, MO
Marybelle Eggers, RN, O Fallon, MO
Masolyne A. Esch, RN, Joplin, MO
Joan C. Fiock, RN, Saint Louis, MO
Patricia I. Fischer, RN, Alton, IL
Jeanette E. Fitzsimmons, RN, Kansas City, MO
Oma M. Fockler, RN, Houston, MO
Joanne F. Forrest, RN, Wheatland, MO
Marilyn R. Fortune, RN, Saint Louis, MO
Alice M. Foster, LPN, Kansas City, MO
Edna R. Foxworth, RN, Saint Louis, MO
Arlena S. Freeman, RN, De Soto, MO
Geraldine C. Frenzel-Black, RN, Arnold, MO
Geraldine H. Frost, RN, Saint Louis, MO
Janet Fuhr, RN, Augusta, MO
Carol V. Fuller, LPN, Saint Louis, MO
Ruth A. Gabriel, RN, Granite City, IL
Nancy J. Gassel, RN, Washington, MO
Barbara A. Giesler, RN, Saint Charles, MO
Regina L. Gilstrap, RN, Saint Louis, MO
Catherine Gregory, RN, Saint Louis, MO
Bennie M. Groves, LPN, Kanas City, MO
Joyce G. Hagar, RN, Raytown, MO
Rosalie Hahn, RN, Dittmer, MO
Mary Jo Hallberg, LPN, Prairie Village, KS
Janet S. Hamai, RN, Florissant, MO
Francine M. Hanover, RN, Kansas City, MO
Edna R. Hardy, RN, Kansas City, MO
Joleta A. Harlan, RN, Moberly, MO
Frances L. Hartzog Porter, LPN, Saint Louis, MO
Carol J. Heckman, RN, Saint Joseph, MO
Mary A. Hilmes, RN, Saint Louis, MO
Patricia M. Huber, RN, Perryville, MO
Ester D. Hutchison, RN, Naylor, MO
Virginia E. Inman, RN, Bonne Terre, MO
Lillie M. Isaac, LPN, Raytown, MO
Cecilia M. James, RN, Saint Peters, MO
Theodora B. Johnson, RN, Saint Louis, MO
Helen M. Jones, LPN, Independence, MO
Frances J. Joy, RN, Columbia, MO
Frankie D. Kalin, RN, Stewartsville, MO
Amy R. Kennedy, RN, Saint Louis, MO
Raegene J. King, RN, Independence, MO
E. Pauline Kirk, RN, Republic, MO
Patricia M. Klump, RN, Atlanta, GA
Betty C. Krupp, RN, Saint Louis, MO
Nola W. Kuntz, RN, Novinger, MO
Joan M. Kutz, RN, Saint Louis, MO
Mary P. Lane, RN, Center, MO
Betty T. Lee, LPN, Saint Louis, MO
Gloria M. Lierman, RN, Bridgeton, MO
Patricia A. Linhardt, RN, Columbia, MO
Joyce L. Link, RN, Manchester, MO
Mary A. Lo Cigno, RN, Saint Louis, MO
Mary J. Maple, RN, Ballwin, MO
Wilma T. Massey, LPN, Joplin, MO
Lois Marlene May, RN, Saint Louis, MO
Virginia C. Mayer, RN, Monett, MO
Patricia A. McCanless, LPN, Independence, MO
Jill W. Mccord, RN, Kirksville, MO
Mary I. McDevitt, RN, Saint Louis, MO
Betty B. Mcgee, LPN, New Franklin, MO
Deanna B. Mclemore, RN, South Greenfield, MO
Geraldine J. Mcphearson, RN, Belleville, IL
Diane J. Mnookin, RN, Leawood, KS
Julianna D. Montgomery, RN, Farmington, MO
Mary L. Montgomery, RN, O Fallon, MO
Mary B. Morrow, RN, Saint Louis, MO
Shirley L. Mortimer, RN, Centralia, MO
Peggy L. Napper, RN, Billings, MO
Lavonna I. Niederwimmer, RN, Kansas City, MO
Gloria D. Nelson, LPN, Kansas City, MO
Ina L. Odonnell, RN, Lake Saint Louis, MO
Marilyn J. Oothout, RN, Overland Park, KS
Barbara Y. Owens, RN, Lees Summit, MO
Nancy E. Page, RN, Saint Charles, MO
Virginia L. Painter, RN, Marthasville, MO
Janet A. Parks, RN, Kansas City, MO
Detta Paul-troutman, RN, Honeoye Falls, NY
Esterlene G. Perkins, RN, Kansas City, MO
Shirley J. Peterson, RN, Boonville, MO
Ava L. Pettet, LPN, Springfield, MO
Margaret A. Phillips, RN, Saint Louis, MO
Billie P. Pollard, RN, Cowgill, MO
John M. Ponton, RN, Lenexa, KS
Rita L. Porter, RN, Warsaw, MO
Patricia M. Propp, RN, Prairie Village, KS
Nina J. Pullizze Kelly, RN, Saint Louis, MO
Elizabeth A. Reiss, RN, Red Bud, IL
Ida R. Runge, RN, Belle, MO
Beatrice A. Rush, RN, Overland Park, KS
Kathryn A. Russell, RN, Saint Joseph MO
Patricia A. Schlosser, RN, Florissant, MO
Marlene A. Schneider, RN, Saint Charles, MO
Lenora J. Scruggs, LPN, Saint Louis, MO
Leila R. Shockley, RN, Saint Charles, MO
Clara E. Smith, RN, Robinson, IL
Nancy L. Smith, RN, Columbia, MO
Edna V. Smithberg, RN, Springfield, MO
Elizabeth A. Spencer-Matthews, RN, Raytown, MO
Deanna F. Stark, LPN, Hillsboro, MO
Judith A. Steele, RN, Oakville, MO
Helen R. Stefanov, RN, Kansas City, MO
Sandra A. Stein, RN, Fairview Heights, IL
Margaret S. Stewart LPN, Poplar Bluff, MO
Marianne Suchman, RN, Murray, KY
Jonell Sutherland, RN, Bethany, MO
Helen C. Sydow Clark, RN, Saint Louis, MO
Goldie E. Taylor, RN, Affton, MO
Karol J. Thomas, RN, Liberty, MO
Velma E. Thomas, RN, Craig, MO
Nancy L. Triggs, RN, Sparta, IL
Norma G. Turner, RN, Brookfield, MO
Beverly L. Van-zanten, RN, Osceola, MO
Mary S. Veraguth, RN, Saint Joseph, MO
Helen A. Vitt, RN, Independence, MO
Geraldine M. Wagner, RN, Concordia, MO
Janice R. Walker, RN, Carl Junction, MO
Barbara H. Wallace, RN, Kansas City, MO
Virginia B. Waltemath, RN, Saint Louis, MO
Suda M. Waser, RN, Chesterfield, MO
Judy B. Watkins, RN, Buckner, MO
Lonnie H. Wells, LPN, Troy, MO
Barbara H. Wenzel, RN, Dearborn, MO
Helen P. White, RN, Kansas City, MO
Jearl F. White, RN, Tinley Park, IL
Deloros M. Wilson, RN, Florissant, MO
Lois C. Winkler, RN, El Segundo, CA
Bernice E. Woods, LPN, Saint Louis, MO
Claudia Q. Woods, LPN, Kansas City, MO
Dixie D. Wright, RN, Wyandotte, OK
Lois S. Wright, RN, Chesterfield, MO
Sumiye S. Yakushiji, RN, Saint Louis, MO

2010 Golden Awards

We are happy to announce that *Golden Certificates* were recently sent to 169 Registered Nurses and 17 Licensed Practical Nurses. These individuals have active licenses and have been licensed in the State of Missouri for **50 years**. We take great pleasure in marking this special achievement in the fifth year of our Golden Award Recognition program. Two of this year's honorees served as members of the Board of Nursing: Barbara Schaffitzel (1989-1992) and Zella Harrington, (1974-1980). A list of those receiving Golden Certificates follows.

Ruth Ann Allen, RN, Bloomington, IN
Angelita T. Armijo-Saylor, RN, Spring Hill, KS
Mary T. Augmon, LPN, Kansas City, MO
Jacqueline, L. Aycock, RN, Columbia, IL
Mary Gail, M. Barclay, RN, Bridgeton, MO
Jean W. Barnes, RN, Kansas City, MO
Janet T. Barrett, RN, Creve Coeur, MO
Betty L. Baxter, RN, Salina, KS
Ann M. Becker, RN, Saint Louis, MO
Elizabeth A. Behlmann, RN, Warrenton, MO
Carol A. Bell, RN, Saint Louis, MO
Rose M. Bellem, RN, Lee's Summit, MO
John H. Bergsten, RN, Kansas City, MO
Marcia C. Biggs, RN, Springfield, MO
Marcia H. Binsbacher, RN, Gravois Mills, MO
Carol J. Bodicky, RN, Saint Louis, MO
Catherine S. Boyle, RN, Kansas City, MO
Amanda S. Bradley, RN, Saint Louis, MO
Shirlie K. Bunkowski, RN, Barnard, MO
Joann H. Burchfield, RN, Olathe, KS
Sandra A. Burkel, RN, Saint Louis, MO
Jane A. Byrne, RN, Chesterfield, MO
Mary E. Cahalan, RN, Edina, MO
Annie B. Carter, LPN, Kansas City, MO
Joan K. Carter, RN, Saint Louis, MO
Nancy R. Caster, RN, Kidder, MO
Sharon K. Churchill, RN, Wichita, KS
Janet W. Clark, RN, Independence, MO
Willa D. Coggins, RN, Warsaw, MO
Mary Alice Coleman, RN, Savannah, MO
Naomi L. Collins, RN, Lowry City, MO
Jacquelyn R. Creighton, RN, Saint Louis, MO
Sandra A. Crisp, RN, Kansas City, MO
Elizabeth A. Crowe, RN, Independence, MO
Carol A. Damewood, RN, Cuba, MO
Patricia G. Dammer, RN, Saint Peters, MO
Mary I. Daniels, RN, Versailles, MO
Karole M. Davidson, RN, Saint Louis, MO
Frances M. Dickerson, RN, Florissant, MO
Janice T. Eagleburger, RN, Springfield, MO
Barbara J. Epperson, RN, Green Valley, AZ
Beverly E. Ervin, RN, Saint Louis, MO
Alma J. Essig, RN, Fenton, MO
Carolyn A. Ferrel, RN, Springfield, IL
Carolyn J. Fisher, RN, Platte Woods, MO
Phyllis E. Follmer, RN, Saint Louis, MO
Barbara B. Frye, RN, Saint Louis, MO
Shirley W. Garlington, LPN, Kansas City, MO
Carole A. Giese, LPN, Saint Louis, MO
Harriet C. Golden, RN, Imperial, MO
Virginia L. Goodman, RN, Billings, MO
Nina M. Halbrook, RN, Saint Louis, MO
Martha E. Harpole, RN, Independence, MO
Marilyn M. Harrellson, RN, St Charles, MO
Zella M. Harrington, RN, Saint Louis, MO
Helen R. Harris, RN, Temple Terrace, FL
Jane C. Hartrup, RN, Farmington, MO
Carrie A. Hayes, LPN, Columbia, MO
S. Gene Hayes, RN, Belleair Shore, FL
Opal H. Haynes, LPN, Kansas City, MO
Betty F. Heather, RN, Florence, MO
Carolyn D. Hedgepeth, RN, Shawnee Mission, KS
Mary E. Heitert, RN, Florissant, MO
Joan F. Hesker, RN, Saint Louis, MO
Mona L. Higginbotham, RN, Independence, MO
Gerry J. Higgins, RN, Hannibal, MO
Melba D. Hoard, RN, Bland, MO
Virginia W. Hoelscher, LPN, Elsberry, MO
Joan M. Hoffman, LPN, Saint Charles, MO
Patricia A. Hogan, RN, O Fallon, MO
Sondra J. Holloway, RN, Saint Louis, MO
Betty C. Howard, RN, Joplin, MO
Opal B. Hubbard, RN, Saint Louis, MO
Linda Lou Jeffries, RN, West Frankfort, IL
Naomi L. Jessup, RN, O Fallon, MO
Angela R. Judge, RN, Creve Coeur, MO
Carol M. Jungmeyer, RN, California, MO
Anne W Keister, RN, University City, MO
Glenda Rae A. Key, RN, Sullivan, MO
Judith A. Klein, RN, Saint Louis, MO
Virginia B. Knoll, RN, Glendale, MO
Carol S. Kuhn-Wilson, RN, Edmond, OK
Carol A. Kurz, RN, Forsyth, MO
Ardella M. Lack, RN, Greenfield, MO
Marilyn K. Lamoureux, RN, Webster Groves, MO
Sr. Denise M. Lane, RN, Kansas City, MO
Virginia L. Lawton, RN, Saint Louis, MO
Mary Ann Lay, RN, Granite City, IL
Sharon L. L'Ecuyer, RN, Kansas City, MO
Phyllis C. Lee, RN, Saint Louis, MO
Carol J. Leslie, RN, Kingsville, MO
Shirley J. Lewis, RN, Saint Louis, MO
Dixie L. Lohse, RN, Saint Louis, MO
Ruth K. Long, RN, Holts Summit, MO
Mabel J. Luttrell, RN, Holt, MO
Ruth A. Madalon, RN, Saint Louis, MO
Mary J. Malicoat, RN, Blue Springs, MO
L. Margaret Martin, RN, Saint Joseph, MO
Suzanne R. Mcarthur, RN, Springfield, MO
Mary E. McCarthy, RN, Maryland Heights, MO
Jeanne M. Mccormack, RN, Saint Louis, MO
Catherine Helen McCreary, RN, Webster Groves, MO
Carol A. McCullen, RN, Chesterfield, MO
Shirley A. McGhee, RN, Florissant, MO
Judith A. Meehan, RN, Mt Vernon, MO
Delores F. Merritt, LPN, Saint Louis, MO
Patricia A. Miener, RN, Kirkwood, MO
Anna M. Miller, RN, Springfield, MO
Leda L. Monsees, RN, Villa Park, CA
Joan B. Moore, RN, Saint Louis, MO
Millie G. Morris, LPN, Kansas City, MO
Rosemary W. Morris, RN, Saint Louis, MO
Patricia R. Moss, LPN, Kansas City, MO
Phyllis Butler Myer, RN, Saint Peters, MO
Carol S. Novak, RN, Chesterfield, MO
Sarah A. Patton, RN, Florissant, MO
Gloria R. Perry, RN, Bridgton, MO
Patricia A. Pieri, RN, Saint Louis, MO
Sonja A. Pirtle, RN, Fairview Heights, IL
Joyce C. Plumb, RN, Liberty, MO
Donnealia F. Porta, RN, Osceola, MO
Carol E. Prange, RN, Bridgeton, MO
Josephine C. Prettyman, RN, Harrisonvlle, MO
Judith T. Ramsay, RN, Neosho, MO
Kenneth R. Randall, RN, Skidmore, MO
Connie M. Reekes Drace, RN, Raytown, MO
Maureen B. Rehmer, RN, Saint Louis, MO
Charlette F. Rennard, RN, Saint Louis, MO
Joan R. Richardson, RN, Lee's Summit, MO
Mary E. Richie, RN, Saint Joseph, MO
Dove A. Rittman, RN, Excelsior Springs, MO
Linda L. Rogers, RN, Nixa, MO
Barbara R. Ruhmann, RN, Saint Louis, MO
Barbara A. Schaffitzel, RN, Fair Grove, MO
Floyce M. Scherrer, RN, Saint Louis, MO
Suzanne M. Schlereth, RN, O Fallon, MO
Betty J. Schlotter, RN, Springfield, MO
Gloria M. Schmidt, RN, Saint Louis, MO
Donna L. Schneider, RN, Saint Louis, MO
Joyce M. Searcy, RN, Rolla, MO
Janet C. Seiler, RN, Saint Louis, MO
Roena R. Shelton, LPN, Saint Louis, MO
Justine L. Shoor, RN, Pleasant Prairie, WI
Judith A. Shute, RN, Osage Beach, MO
Mary L. Siefken, RN, Hannibal, MO
Aleta B. Simpson, LPN, Saint Louis, MO
Charlene M. Smith, RN, Ballwin, MO
Pamelia A. Smith, RN, Fulton, MO
Adelene W. Smith, RN, Saint Louis, MO
Karen K. Stacy, RN, Overland Park, KS
Marva B. Stephens, LPN, Kansas City, MO
Katherine L. Stevenson, RN, St Joseph, MO
Caroline J. Stoll, RN, Watertown, SD
Joyce B. Strain, RN, Maryland Heights, MO
Myra A. Straub, RN, Joplin, MO
Connie L. Stuckey, RN, Saint Louis, MO
Gladys A. Sullivan, RN, Bellville, IL
Vivian B. Taylor, RN, Florissant, MO
Dolores P. Tidd, RN, St Charles, MO
Barbara A. Tournour, RN, Webster Groves, MO
Carol F. Tracy, RN, Saint Louis, MO
Joyce A. Tremblay, RN, Valley Park, MO
Helen C. Turner Murphy, RN, Ballwin, MO
Delberta H. Vespa, RN, Springfield, MO
Judith S. Volk, RN, Marionville, MO
Velma H. Wachter, RN, St Clair, MO
Emma Mary Anna Wagy-Lacey, LPN, Poplar Bluff, MO
Sherrilyn A. Wannemacher, RN, Des Peres, MO
Dolores C. Weathers, LPN, Saint Louis, MO
Mary A. Wehrle, RN, Rolla, MO
Rebecca F. Wells, LPN, Saint Louis, MO
Marva L. Wells, RN, Saint Louis, MO
Fay A. West, RN, Farmington, MO
Janice F. West, RN, Kansas City, MO
Joan K. Whelan, RN, Ferguson, MO
Jean E. White, RN, Springfield, MO
Judith G. Wickham, RN, Kansas City, MO
Ethel M. Wilhelm, RN, Springfield, MO
Dorothy M. Williams, RN, Neosho, MO
Dolores A. Williams, RN, Kansas City, MO
Bette J. Williams, RN, Creve Coeur, MO
Edyth A. Wood, RN, Bridgeton, MO
Linda L. Worley, RN, Saint Louis, MO
Madonna P. Wulff, RN, Springfield, MO
Ruth A. Yordt, RN, Florissant, MO
Nola A. Zeltwanger, RN, Saint Joseph, MO

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE

☐ NAME CHANGE ☐ ADDRESS CHANGE ☐ PHONE CHANGE

_____ ☐ RN ☐ LPN _____
Missouri License Number Social Security Number

→_____ _____
Signature ***(This form must be signed)*** Date

NAME AS CURRENTLY IN OUR SYSTEM

_____ _____
Last Name (Printed) First Name (Printed)

NEW INFORMATION

_____
Last Name First Name Middle Name

(_____)_____ _____
Daytime Telephone Number E-mail Address

PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)

_____
Physical address required, **PO boxes are not acceptable**

_____
CITY STATE ZIP

MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)

_____
STREET OR PO BOX

_____
CITY STATE ZIP

☐ **I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.**

Return completed form to: Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102
Or
Fax to 573-751-6745